



**CHARITABLE ORGANIZATION
REGISTRATION STATEMENT**
SECRETARY OF STATE
SFN 11300 (01-06)

FOR OFFICE USE ONLY

ID#

WO#

Approved By

Issued By

FEE: \$25.00

Instructions:

1. For reference, see North Dakota Century Code, Section 50-22.
2. Please type or print, complete all blanks, enter "None" when appropriate.
3. Any omission or failure to report complete and/or accurate information in this application may result in an investigation by the Secretary of State and/or the Attorney General and may result in forfeiture of your registration.
4. Once the registration process has started and the requirements are not completed or perfected within 90 days, the filing fee submitted will be retained and the file closed.

Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500
Telephone 701-328-3665
Toll Free 800-352-0867 Ext 83665
Fax 701-328-1690
Web Site: www.nd.gov/sos

1. Legal Name of Organization: _____
Name(s) under which the organization solicits contributions: _____
Street & mailing address of principal office: _____ Federal ID # _____
City _____ State _____ Zip Code _____ Telephone # _____
The business is a:
☐ Unincorporated association ☐ Non-profit Corporation ☐ Trust
☐ State of Origin _____ First Year Organized _____
2. Is the organization exempt from federal income taxes? If yes, attach a copy of your IRS determination letter. If the application is pending attach a copy of the first page of the application.
☐ Yes ☐ No ☐ Application Pending Status: 501(c)(_____) _____
3. Check one or more methods of soliciting the organization anticipates using.
☐ Direct Mail ☐ Radio ☐ Telemarketing
☐ Personal Contact ☐ Television ☐ National ☐ Local ☐ Newspaper
☐ Vending Business ☐ Show or Concert ☐ Magazines or Periodicals
☐ Grant Writing ☐ Membership Enrollment
☐ Other (please describe) _____
4. Period of time during which solicitation is to be conducted? _____
5. General Purposes for which organized: _____
6. General Purposes for which contributions to be solicited will be used? _____
7. Name of auditor in charge of organization's books & records if not kept at the organizations office. _____ Telephone # _____
Address _____ City _____ State _____ Zip Code _____
8. Attach a list of names & addresses of all directors officers and trustees. Indicate the individuals having the final discretion or authority as to the distribution and use of contributions received. _____
9. Attach a list of total compensation, including salaries, fees, bonuses, fringe benefits, severance payments, and deferred compensation, paid to employees by the charitable organization and all its affiliated organizations. _____

(continue on reverse side)

10. Month and day accounting year ends _____.
11. State the total contributions the organization received during the last ended accounting year: \$ _____.
12. Attach financial statement or IRS Form 990. If neither is available, complete the following for the most recent twelve-month accounting year.
- | INCOME | | EXPENSES | |
|-------------------------------|-----------------|---|-----------------|
| Contributions from the public | \$ _____ | Amount spent for program or charitable purposes | \$ _____ |
| Government Grants | \$ _____ | Management / general expense | \$ _____ |
| Fees for program service | \$ _____ | Fund-raising expense | \$ _____ |
| Other Revenue | \$ _____ | Amounts paid to affiliated organizations | \$ _____ |
| TOTAL INCOME | \$ _____ | TOTAL EXPENSES | \$ _____ |
| EXCESS or Deficit | \$ _____ | END OF YEAR FUND BALANCE / NET WORTH | |
| TOTAL Assets | \$ _____ | (Assets minus Liabilities) \$ _____ | |
| TOTAL Liabilities | \$ _____ | | |
13. Will the solicitation be conducted by ☐ voluntary unpaid solicitors ☐ paid solicitors ☐ both
- If in whole or part by paid solicitors, list the name and address of each professional fundraiser supplying the solicitors and a copy of the agreement. Attach an additional sheet if necessary. If a contract, written agreement, or statement of any arrangement is made between an applicant and professional fundraiser/solicitor after a solicitation registration, the applicant agrees to file a copy of such contract or agreement with the Secretary of State.
- | | | | |
|---------------------------------|------|-------------|----------|
| Name of Professional Fundraiser | | Telephone # | |
| Address | City | State | Zip Code |
| Name of Professional Fundraiser | | Telephone # | |
| Address | City | State | Zip Code |
14. Has your organization or a member thereof been involved in any civil or criminal litigation in the past year?
☐ Yes - attach a statement of your summary of the litigation, the outcome, and the parties involved. ☐ No
15. Has your organization been denied the right to solicit contribution, at any time, by any government? or any court?
☐ Yes - attach an explanation ☐ No

SIGNATURE AND ACKNOWLEDGMENT

I, the undersigned, state and acknowledge that I am a duly constituted officer of this organization, being the _____ (Title) and that this Registration Statement is executed on behalf of the organization by me pursuant to resolutions of the _____ (Board of Directors, Trustees, or Managing Group) adopted on the _____ day of _____, 20_____, approving the contents of the Registration Statement, and do hereby certify that the _____ (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization, and I, the undersigned, state that the information supplied is true, correct and complete to the best of my knowledge.

Name _____ (PRINT)

State of _____

County of _____

Signature _____ Date _____ / _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.

(Notary Seal/Stamp)

Notary Public

My Commission Expires _____